

Application Form

Brady Cancer Support Foundation Inc

Official Application Form

Name of Organization or Individual _____

Address _____

_____ Post Code _____

Contact Details:

Telephone _____

Fax: _____

Email: _____

Objectives of your Organization (List)

Name of CEO and Executive committee office bearers:

Existing Income Sources: (Include % of total income)

Number of financial Members _____

Number of non-financial members _____

Date organization established _____

Is the organization incorporated? _____

Is the organization registered with?

Tax Office (ABN or TFN) _____

GST (Number) _____

What is your tax status (i.e. Charity) _____?

Have you received funding from this foundation previously?

Please submit a copy of your most recent audited accounts.

Enclosed? Yes/No

List three referees (and there contact details) who can tell us about your organization:

Where your services are mostly provided (What geographical location)?

What are your current 'in-house' reporting procedures?

Please also include a written submission as to why you require funding from our foundation and what you intend to do should the funds be provided.

Please do not exceed two A4 pages and feel free to include whatever information you feel will support your application.

Will you agree to the following?

- Sign a privacy and confidentiality agreement?
- Accept the decision of the foundation as final and binding with right of appeal?
- Supply written evidence of the outcome and progress of the project/work within six months and at the conclusion?
- To allow us to communicate with your official auditor and to receive relevant information that will assist us in determining your application?

Signed.....

Name.....

Title.....

Date.....